

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2017
NAME OF PROVIDER OR SUPPLIER BLED SOE COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <p>Observation on 05/01/2017 at 9:30 AM, revealed a penetration by a ½ inch metal conduit in the cross corridor wall of A-hall, NFPA 101, 8.3.5 (2012 Edition)</p> <p>Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.</p>	N 831	<p>N 831 1200-8-6-.08 (1) Building Standards</p> <p>1. On 05/04/2017, the penetration by a ½ inch metal conduit in the cross-corridor wall of A-hall was fire-stopped with approved fire stopping material, "SpecSeal LCI Sealant."</p> <p>2. On 05/0404/2017, the Director of Maintenance and the Assistant Administrator initiated an inspection of the Facility to determine if there were any further missing or un-approved fire-stopping material in use. None were found.</p> <p>3. Beginning 05/03/2017 the Director of Maintenance will do a visual inspection of any modifications or additions to the facility immediately following the modification or addition to ensure all smoke barrier penetrations are sealed using approved fire-stopping materials.</p> <p style="text-align: right;"><i>Continued</i></p>	5/04/2017

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6500

OSL321

If continuation sheet 1 of 1

Division of Health Care Facilities

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Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5889

0SL321

05/25/2017

If continuation sheet 1 of 1